



### Summer Camp Registration Form

Participant's Name:	Birthdate:
Parents:	MM/DD/YYYY
Address:	Home Phone:
City:	Cell Phone:
Postal Code:	Other:
Email:	Other:

Emergency Contact:	
Allergies:	
Medical issues/diagnosis	

- If your child requires individual adult assistance to participate safely in the program, it is the family's responsibility to arrange someone to provide that support. Parents, respite workers or other adults are more than welcome to join and have shared that they received great support and education during the week from our team.\*
- **If your child requires this assistance, please provide the name and phone number of the adult that will be providing support.**

Name of Support	
Phone #	

I, \_\_\_\_\_ provide consent for:

- Photographs       video

to be taken of my child during their involvement in the program. These photos or video may be displayed for promotional or educational purposes WITHOUT your child's name attached in any way.

- As the parent/legal guardian of \_\_\_\_\_, I release To the Stars OT and Wellness Centre, its owner and operators from any liability, claims demands and causes of action arising out of any loss, injury, even serious or disabling, including death from the child's or undersigned persons participation in the programs or while on the premises. I understand there are inherent risks and potential for injury involved in physical activity such as yoga and the use of sensory gym and equipment. I understand that occupational therapy and yoga do not replace the need for medical supervision and advice.

- I consent to receive email communication from To the Stars OT and Wellness Centre regarding upcoming programs and newsletters.

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

Dear Parent:

Thank you for registering in our groups at To the Stars. In an effort to create a connected, fun and meaningful experience, we would appreciate a little background information about your child.

- Does your child have any pre-existing medical condition or injury that may influence their ability to participate fully in the program? Please provide details, including any limitations or accommodations required.
  
- Favorite activities and hobbies:
  
- The best ways to motivate and encourage my child:
  
- Something I am hoping that my child will get out of being in this program is:
  
- Is there anything else you would like to share?

I encourage you to call me if you have any further questions or concerns at 403-786-0006 (office hours Tuesday thru Thursday, 9:00 to 3:00pm) or after hours at 403-506-9636.

Sincerely,

**To The Stars Occupational Therapy & Wellness Team**

**Cancellation Policy:**

**More than 14 days of the first day of camp - 100% Refund**

**14 days - 7 days of the first day of camp - 50% Refund**

**Less than 7 days of the first day of camp - 0% Refund**

<b>Program Name:</b>	
<b>Day:</b>	
<b>Time:</b>	